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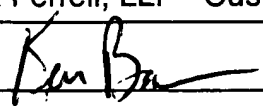
|                        |                   |
|------------------------|-------------------|
| Application Number     | 10/040,902        |
| Filing Date            | December 28, 2001 |
| First Named Inventor   | Eric Klinker      |
| Group Art Unit         | 2661              |
| Examiner Name          | Unknown           |
| Attorney Docket Number | PA2330US          |

Total Number of Pages in This Submission 43


**ENCLOSURES (check all that apply)**

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input checked="" type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication<br>to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):<br>Postcard, Declaration &<br>Power of Attorney |
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                               |   |
|-------------------------------|---|
| Firm<br>or<br>Individual name | Carr & Ferrell, LLP Cust. No. 22830   |
| Signature                     |  Reg. No. 48,861 |
| Date                          | April 11, 2002  |

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| Typed or printed name | Kenneth R. Backus, Reg. No. 48,861  |      |                |
| Signature             |  | Date | April 11, 2002 |

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**FEE TRANSMITTAL**  
**for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$)**798.00****Complete if Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/040,902        |
| Filing Date          | December 28, 2001 |
| First Named Inventor | Eric Klinker      |
| Examiner Name        | Unknown           |
| Group Art Unit       | 2661              |
| Attorney Docket No.  | PA2330US          |

| METHOD OF PAYMENT   |                            | FEE CALCULATION (continued)                                |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
|---|----------------------------|--|----------------------------|-----------------|----------|-----------|-----------|------------------------|------------|----------|----------|-----------------------------------|-----------|---------|---------|---------------------------------------|----------|---------|---------|--|--|---------|--------|--|--|---------------------|--|--|-----------------------|--|--|
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number <u>06-0600</u><br>Deposit Account Name <u>Carr &amp; Ferrell, LLP</u><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                            | <b>3. ADDITIONAL FEES</b>                                  |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| <b>2.</b> <input checked="" type="checkbox"/> <b>Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                            |  |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| FEE CALCULATION   |                            |  |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| <b>1. BASIC FILING FEE</b>  |                            |  |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| <table><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 740</td><td>201 370</td><td>Utility filing fee</td><td><u>370</u></td></tr><tr><td>106 330</td><td>206 165</td><td>Design filing fee</td><td></td></tr><tr><td>107 510</td><td>207 255</td><td>Plant filing fee</td><td></td></tr><tr><td>108 740</td><td>208 370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 160</td><td>214 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td><b>(\$)<u>370</u></b></td></tr></tbody></table>   |                            | Large Entity Fee Code (\$)                                 | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 101 740   | 201 370   | Utility filing fee     | <u>370</u> | 106 330  | 206 165  | Design filing fee                 |           | 107 510 | 207 255 | Plant filing fee                      |          | 108 740 | 208 370 | Reissue filing fee                                 |  | 114 160 | 214 80 | Provisional filing fee                                     |  | <b>SUBTOTAL (1)</b> |  |  | <b>(\$)<u>370</u></b> |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| 101 740   | 201 370                    | Utility filing fee   | <u>370</u>                 |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| 106 330   | 206 165                    | Design filing fee  |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| 107 510   | 207 255                    | Plant filing fee   |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| 108 740   | 208 370                    | Reissue filing fee   |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| 114 160   | 214 80                     | Provisional filing fee                                     |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| <b>SUBTOTAL (1)</b>   |                            |  | <b>(\$)<u>370</u></b>      |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| <b>2. EXTRA CLAIM FEES</b>  |                            |  |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| <table><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td><u>51</u></td><td><u>20</u></td><td><u>31</u></td><td><u>279</u></td></tr><tr><td><u>5</u></td><td><u>3</u></td><td><u>2</u></td><td><u>84</u></td></tr><tr><td></td><td></td><td></td><td><u>0</u></td></tr></tbody></table>   |                            | Total Claims   | Extra Claims               | Fee from below  | Fee Paid | <u>51</u> | <u>20</u> | <u>31</u>              | <u>279</u> | <u>5</u> | <u>3</u> | <u>2</u>                          | <u>84</u> |         |         |                                       | <u>0</u> |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| Total Claims  | Extra Claims               | Fee from below   | Fee Paid                   |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| <u>51</u>   | <u>20</u>                  | <u>31</u>  | <u>279</u>                 |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| <u>5</u>  | <u>3</u>                   | <u>2</u>   | <u>84</u>                  |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
|   |                            |  | <u>0</u>                   |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
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| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| 103 18  | 203 9                      | Claims in excess of 20                                     |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| 102 84  | 202 42                     | Independent claims in excess of 3                          |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| 104 280   | 204 140                    | Multiple dependent claim, if not paid                      |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| 109 84  | 209 42                     | ** Reissue independent claims over original patent         |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| 110 18  | 210 9                      | ** Reissue claims in excess of 20 and over original patent |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| <b>SUBTOTAL (2)</b>   |                            |  | <b>(\$)<u>363</u></b>      |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
| *or number previously paid, if greater; For Reissues, see above   |                            |  |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
|   |                            | <b>Other fee (specify)</b> _____                           |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
|   |                            | <b>*Reduced by Basic Filing Fee Paid</b>                   |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |
|   |                            | <b>SUBTOTAL (3)</b> (\$) <b>65</b>                         |                            |                 |          |           |           |                        |            |          |          |                                   |           |         |         |                                       |          |         |         |  |  |         |        |  |  |                     |  |  |                       |  |  |

| SUBMITTED BY      |                   | Complete (if applicable)          |                |
|-------------------|-------------------|-----------------------------------|----------------|
| Name (Print/Type) | Kenneth P. Backus | Registration No. (Attorney/Agent) | 48,861         |
| Signature         |                   | Telephone                         | (650) 812-3400 |
|                   |                   | Date                              | April 11, 2002 |

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